

EXHIBIT 8

DELIVERY AND ACCEPTANCE CERTIFICATE

DATE

LESSEE INFORMATION

Full Legal Name: Diagnostic Resource Group, L.L.C.

Billing Address: 8817 Bell Air Road

Phone: 410-653-9993

City: White Marsh

State: MD

Zip Code: 21208

EQUIPMENT LOCATION

Street Address: Same as billing address

City:

County:

State:

Zip Code:

On behalf of Lessee, I hereby certify that all of the equipment ("Equipment") referred to in Master Lease Schedule No. 02 ("Lease") issued pursuant to that certain Master Lease Agreement, dated as of September 12, 1997 by and between Diagnostic Resource Group, L.L.C. ("Lessee") and Tokai Financial Services, Inc. ("Lessor") has been delivered to and been received by Lessee, that all installation or other work necessary prior to the use thereof has been examined by the Lessee and is in good operating order and condition and is in all respects satisfactory to Lessee, and that the Equipment is accepted by the Lessee for all purposes under the Lease. Lessee represents and warrants that the Billing Address and the Equipment Location set forth above are correct.

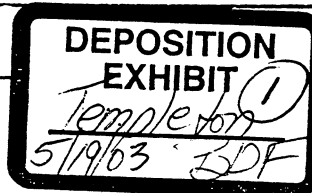
ACCORDINGLY, I AUTHORIZE LESSOR TO PURCHASE THE EQUIPMENT.

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED THE EQUIPMENT.

DIAGNOSTIC RESOURCE GROUP LLC.

By:	<i>Philip A. Templeton</i> DRG, LLC
Print Name:	Philip A. Templeton M.D.
Title:	Secretary LLC
Date:	10/1/98

Name of authorized person verifying Delivery and Acceptance of Equipment:
Signature of employee who made Telephone Verification:
Date of Telephone Verification:



THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL PARTNER OR PROPRIETOR OF THE ABOVE NAMED LESSEE.

Per Jeff Low agreements:

- Note
- 1) Additional 6 months above lease agreement at no cost, prior to lease commencement, included. PT
 - 2) Additional Toshiba CD Marketing Package included. PT
 - 3) 6 month commence upon receipt of \$50,000 check.
 - 4) Understanding that the White Marsh "list" will be taken care of. List is in hands of Gary Hall and Mike Ellis.

EXHIBIT

14

3-14-03

FAXED

TOSHIBA

Platform for Generator
Added cost of Generator
Cost of yearly generator service
No air flow vent for system—considered an option
Headphone system-cumbersome to patients and they won't wear them
Headphone system not shown in any marketing literature
Increased expense for camera-\$13,000.00 extra
Cost of magnet sheilding-\$30,000.00 extra
Delay in shipment of magnet
Condition of office
Applications did not take place first day---magnet not ready
Power outage during week of applications—generator was not hooked up therefore magnet had to re-ramped
Poor design of head coil-no ventilation holes
MRA software not functioning for application and still no working
Holes for screws in magnet not lined up properly
MR manager never showed up
MR has not yet been working properly, beside Kent nobody else showing up. We find that strange considering the products new introduction
No chair for console
No cabinet for phantoms or coils
No cover for the pen panel-extra cost of \$480.00
No bound log books-just a sheet of paper to copy was given

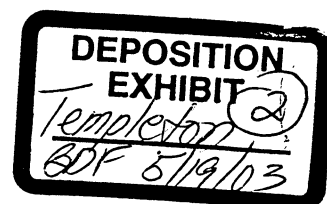
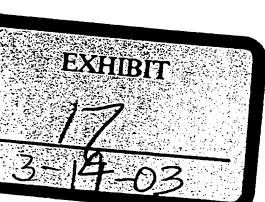


EXHIBIT 9

LESSEE INFORMATION

Full Legal Name: Diagnostic Resource Group, L.L.C.

Billing Address: 8817 Bell Air Road

Phone: 410-653-9993

City: White Marsh

State: MD

Zip Code: 21208

EQUIPMENT LOCATION

Street Address: Same as billing address

City:

County:


State:

Zip Code:

On behalf of Lessee, I hereby certify that all of the equipment ("Equipment") referred to in Master Lease Schedule No. 01 ("Lease") issued pursuant to that certain Master Lease Agreement, dated as of September 12, 1997 by and between Diagnostic Resource Group, L.L.C. ("Lessee") and Tokai Financial Services, Inc. ("Lessor") has been delivered to and been received by Lessee, that all installation or other work necessary prior to the use thereof has been examined by the Lessee and is in good operating order and condition and is in all respects satisfactory to Lessee, and that the Equipment is accepted by the Lessee for all purposes under the Lease. Lessee represents and warrants that the Billing Address and the Equipment Location set forth above are correct.

ACCORDINGLY, I AUTHORIZE LESSOR TO PURCHASE THE EQUIPMENT.

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED THE EQUIPMENT.

LESSEE SIGNATURE	
By:	
Print Name:	JEFFREY LOW
Title:	President
Date:	11/29/98

FOR OFFICE USE ONLY	
Name of authorized person verifying Delivery and Acceptance of Equipment:	
Signature of employee who made Telephone Verification:	
Date of Telephone Verification:	

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, PARTNER OR PROPRIETOR OF THE ABOVE NAMED LESSEE.